

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24269

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6085

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 21 St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips		d. STREET ADDRESS (If rural, give location) 2842 FRANKLIN AVE	
3. NAME OF DECEASED a. (First) Velma		c. (Last) BEAL	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) July 5 1951	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jun 14 1909
9. AGE (In years last birthday) 42		10. AGE (In years) <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 2 HRS. <input type="checkbox"/> UNDER 4 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ? Miss		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Ben Tucker		13b. MOTHER'S MAIDEN NAME ?	
14. NAME OF HUSBAND OR WIFE Nathan Beal			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Nathan Beal		ADDRESS 2842 Franklin	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dissected Myocardium</i>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Ascites</i>			
		DUE TO (c) <i>Cardiac Hypertrophy</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H3H3	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at 400A m., from the causes and on the date stated above.

22a. SIGNATURE <i>Walter Ross Sperry, Coroner</i> (Degree or title)		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7/9/51	
22d. BURIAL, CREMATION, REMOVAL (Specify) <i>Church</i>		22e. DATE July 9, 1951		22f. NAME OF CEMETERY OR CREMATORY Washington Pk.	
22g. LOCATION (City, town, or county) St. Louis		22h. (State) Mo			
DATE REC'D BY LOCAL REG. JUL 9 1951		REGISTRAR'S SIGNATURE <i>J. B. Baston</i>		22i. FUNERAL DIRECTOR'S SIGNATURE English Und. Co	
				ADDRESS 2931 Lucas	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Boulton English

Licensed Embalmer No. 4208

P. O. Address. 2931 Lucas, Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.